

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2015 JAN -7 AM 8:39

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FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

INDEPENDENT NATIONAL PARTY OF MINNESOTA

ADDRESS (number and street)

5229 JEFFREY DR



(Check if address
is changed)

MOUNDS VIEW

MN

55112

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

DRDARNELL@INDEPENDENTNATIONALPARTY.ORG



(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.INDEPENDENTNATIONALPARTY.ORG/MN



(Check if address
is changed)

2. DATE

12 / 29 / 2014

3. FEC IDENTIFICATION NUMBER

C 00569186

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DARYLE R. DARNELL

Signature of Treasurer

Daryle R. Darnell

Date

12 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)